

REACTIVATION of REGISTRATION FORM

This form must be completed if you wish to change your status from Inactive to Active



Bord Altranais agus
Cnáimhseachais na hÉireann
Nursing and Midwifery Board
of Ireland

Read the following before completing this form

It should take approximately **7** working days to process this form, once it is completed correctly.

Please ensure you:

1. Complete in BLOCK CAPITAL letters

This table should assist you in completing all sections of this form.

A	<ul style="list-style-type: none">✓ This section must be completed by you✓ You also need to sign and date it
B	<ul style="list-style-type: none">✓ Sign Privacy Notice
C	<ul style="list-style-type: none">✓ Complete Debit/Credit Card Mandate

Returning your form

- Check that you have returned all pages
- Check that there are no missing details


You should send the form to:


Registration Department,
Nursing and Midwifery Board of Ireland (NMBI)
18/20 Carysfort Avenue,
Blackrock,
Co. Dublin.

A

This section **MUST** be completed by the applicant.


NMBI PIN 

SURNAME 
(As per your NMBI Registration)

FORENAME 

DATE OF BIRTH 
D D M M Y Y Y Y

Please note: If you have changed your surname, attach a certified copy of your passport, marriage certificate or Deed Poll. For more information on certified copies, visit www.NMBI.ie/Registration.

ADDRESS 

LANDLINE  MOBILE 

EMAIL 

Please note: You must keep your contact details up-to-date. You can update your contact details online on the My Account section www.NMBI.ie

SIGNATURE 

DATE 

Privacy Notice:

Nursing and Midwifery Board of Ireland of 18-20 Carysfort Avenue, Blackrock, Co. Dublin, Ireland is a data controller for the purpose of the relevant data protection law including the General Data Protection Regulation.

We collect personal data from you (including special categories of personal data) in accordance with our [Privacy Notice](#).

In particular, we use personal data:

- Where we need to comply with a legal or regulatory obligation including our obligations under the Nurses and Midwives Act 2011 (as may be amended or updated from time to time);
- For the purpose of the performance of a contract between us; and/or
- For the purpose of a task carried out in the exercise of our official functions including under the Nurses and Midwives Act 2011 (as may be amended or updated from time to time).

Please click [here](#) for further details on how we use your personal data and the legal basis on which we process your personal data.

Please address any questions, comments and requests regarding our data processing practices to DataProtection@nmbi.ie

I declare I have read NMBI's [Privacy Notice](#).

SIGNATURE

▶

DATE

▶

C

The Annual Retention Fee is €100. Please deduct €100 Annual Retention fee.

Total amount to be deducted €_____.

Please ensure your Debit/Credit Card is current and there are sufficient funds to meet the payment.

NMBI PIN ▶

APPLICANT'S NAME ▶

By signing this form, I authorise the Nursing and Midwifery Board of Ireland to deduct the appropriate fee from my Debit/Credit card

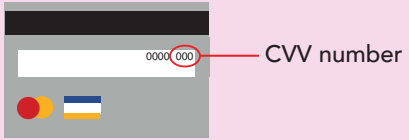
CARD TYPE ▶   

CARD NUMBER ▶

EXPIRY DATE ▶ /

CVV NUMBER ▶

(CVV Number is the three digit code on the back of the card in the top-right corner of the signature box as indicated below)



CARD HOLDER NAME ▶

(as per card)

SIGNATURE ▶

(of card holder)

For office use only: Candidate No: _____

Transaction No: _____